

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

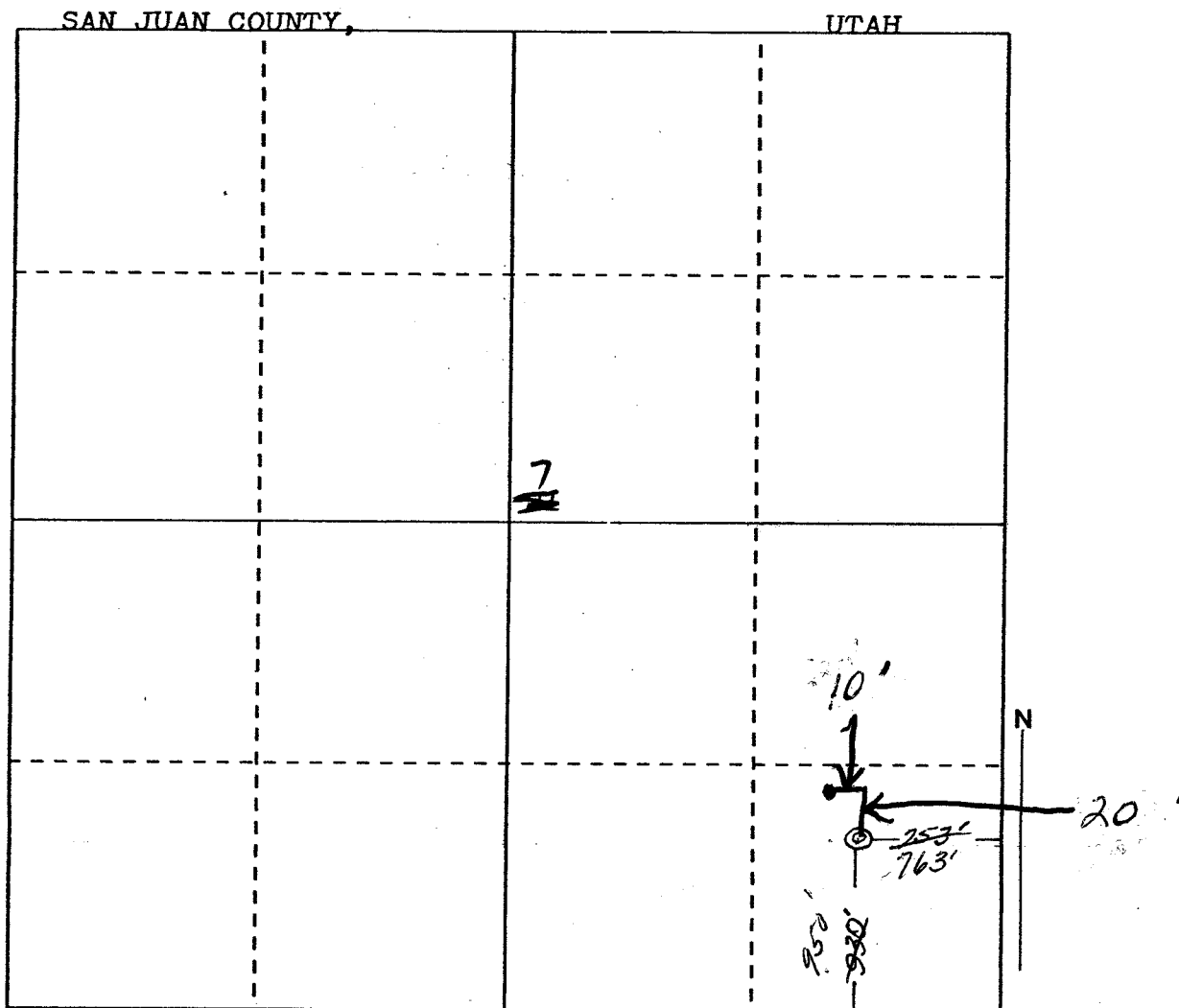
COMPANY THE WESTGRA CORPORATION

LEASE _____ WELL NO. 21A

SEC. 7 , T. 42 SOUTH , R. 19 EAST, SLM

LOCATION 930 FEET FROM THE SOUTH LINE AND
753 FEET FROM THE EAST LINE

ELEVATION 4082 UNGRADED GROUND



SCALE - 1 INCH EQUALS 1000 FEET

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM FIELD NOTES OF ACTUAL SURVEYS MADE BY ME UNDER MY SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SEAL:

James P. Leese
Registered Land Surveyor.
James P. Leese
Utah Reg. #1472

SURVEYED March 7, 19 83

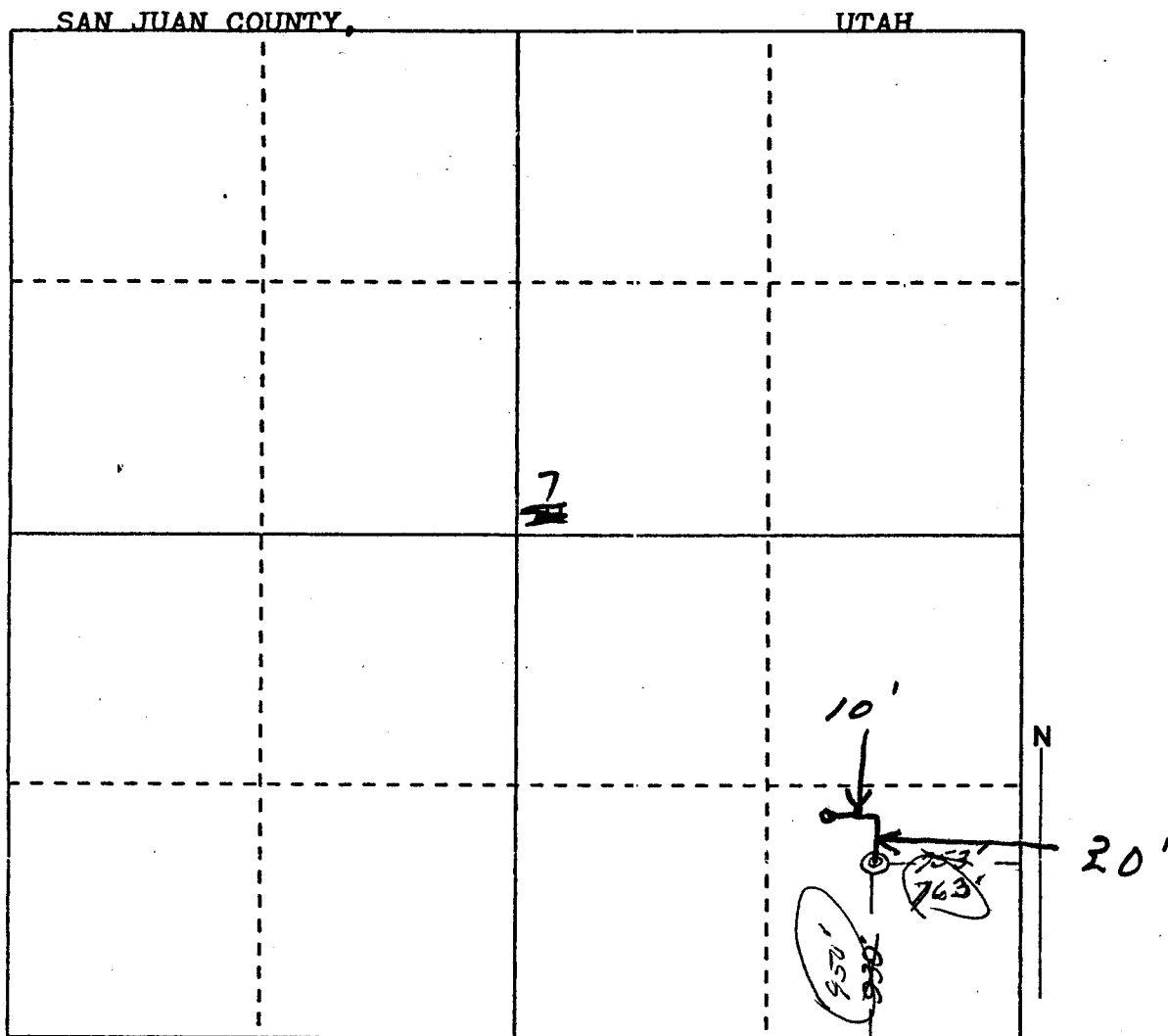
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James P. Leese
Utah Reg. #1472

SURVEYED March 7, 19 83

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Wesgra Corporation	8. FARM OR LEASE NAME Gebauer-Skeen
3. ADDRESS OF OPERATOR P.O. Box 14, Mexican Hat, Utah 84531	9. WELL NO. 21A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950' 930' from the south line 763' 753' from the east line SE/SE	10. FIELD AND POOL, OR WILDCAT Mexican Hat
14. PERMIT NO. 43-037-31246 43-037-30884	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, 42S, 19E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4082' T.D. 240'	12. COUNTY OR PARISH San Juan
	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	propose toe redrill	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work). *

This well was TDed at 172', with a good showing of oil in the Goodridge zone, we set 4½" casing thru the formation and cemented it from top to bottom, after perforating we could get no returns, our Geologist a Mr. Bob Lauth of Durango, Colo, told us we cemented off our oil because the Goodridge zone is a low pressure formation and should never be covered with cement. We propose to redrill hole 20' to the North and 10 ft. to the west as ~~shown~~ shown on the original plat. This time we intend to drill to the top of zone set pipe and drill thru for an open hole completion.

(See attached drilling application for original well # 21)

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE: 2-28-86

John R. Baya

WELL SPACING: 156-3 4-15-80

RECEIVED
FEB 13 1986

DIVISION OF OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED H. Z. Keen

TITLE President

DATE 2-11-86

(This space for Federal or State office use)

APPROVED BY 43-037
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

OPERATOR Wesper Corp DATE 2-24-86

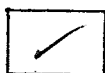
WELL NAME Gebauer-Skeen 21-A

SEC SE SE 7 T 42S R 19E COUNTY San Juan

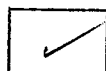
43-037-31246
API NUMBER

Fee
TYPE OF LEASE

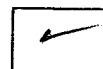
CHECK OFF:



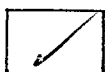
PLAT



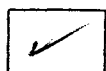
BOND



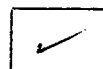
NEAREST
WELL



LEASE



FIELD



POTASH OR
OIL SHALE

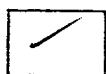
PROCESSING COMMENTS:

Water OK

APPROVAL LETTER:

SPACING: ☐ 203 _____ UNIT

☐ 302



156-3 4-15-80
CAUSE NO. & DATE

☐ 302.1

STIPULATIONS:

1. The operator shall submit a Well Completion Report
properly reporting the plugging and abandonment of
the original Well No. Gebauer-Skeen 21.



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

February 28, 1986

Wesgra Corporation
P. O. Box 14
Mexican Hat, Utah 84531

Gentlemen:

Re: Well No. Gebauer-Skeen 21-A - SE SE Sec. 7, T. 42S, R. 19E
950' FSL, 763' FEL - San Juan County, Utah

Approval to drill the referenced well is hereby granted in accordance with the Order of Cause No. 156-3 dated 4-15-80 subject to the following stipulations:

1. The operator shall submit a well completion report properly reporting the plugging and abandonment of the original Well No. Gebauer-Skeen 21.

In addition, the following actions are necessary to fully comply with this approval:

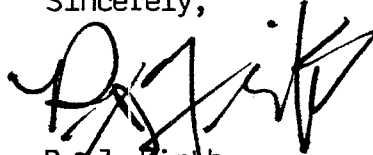
1. Spudding notification to the Division within 24 hours after drilling operations commence.
2. Submittal to the Division of completed Form OGC-8-X, Report of Water Encountered During Drilling.
3. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify John R. Baza, Petroleum Engineer, (Office) (801) 538-5340, (Home) 298-7695, or R. J. Firth, Associate Director, (Home) 571-6068.
4. Compliance with the requirements and regulations of Rule 311.3, Associated Gas Flaring, Oil and Gas Conservation General Rules.

Page 2
Wesgra Corporation
Well No. Gebauer-Skeen 21-A
February 28, 1986

5. Prior to commencement of the proposed drilling operations, plans for toilet facilities and the disposal of sanitary waste at each drill site shall be submitted to the local health department having jurisdiction. Any such drilling operations and any subsequent well operations must be conducted in accordance with applicable State and local health department regulations. A list of all local health departments and copies of applicable regulations are available from the Division of Environmental Health, Bureau of General Sanitation, telephone (801) 533-6163.
6. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date.

The API number assigned to this well is 43-037-31246.

Sincerely,



R. J. Pirth
Associate Director, Oil & Gas

as
Enclosures
cc: Branch of Fluid Minerals
Dianne R. Nielson

8159T

DIVISION OF OIL, GAS AND MINING

SPODDING INFORMATION

API #43-037-31246

NAME OF COMPANY: WESGRA CORPORATIONWELL NAME: GEBAUER-SKEEN 21-ASECTION SE SE 7 TOWNSHIP 42S RANGE 19E COUNTY San JuanDRILLING CONTRACTOR Quality DrillingRIG # SPUDDED: DATE 4-7-86TIME 4:00 PMHOW RotaryDRILLING WILL COMMENCE REPORTED BY Bill SkeenTELEPHONE # DATE 4-7-86 SIGNED JRB



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

August 14, 1986

Wesgra Corporation
4201 Classen Boulevard
Oklahoma City, Oklahoma 73118

Gentlemen:

Re: Well No. Gebauer-Skeen 21-A - Sec. 7, T. 42S., R. 19E.,
San Juan County, Utah - API #43-037-31246

A records review indicates that no required reports for the referenced well have been filed since the well was spudded on April 7, 1986. Monthly drilling reports must be submitted to account for the time between spudding and well completion.

Rule 312 of the Oil and Gas Conservation General Rules requires that Form DOGM-3 "Well Completion or Recompletion Report and Log" or copy of the equivalent federal form, along with copies of logs and tests run, be filed with this office not later than 90 days after completion.

Please use the address listed below to provide the required information at your earliest convenience, but not later than August 25, 1986.

Utah Division of Oil, Gas and Mining
Attention: Suspense File - Norm Stout
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Respectfully,

Norman C. Stout
Records Manager

pk

cc: Dianne R. Nielson
Ronald J. Firth
John R. Baza
Well File
Suspense File

01705/1

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN DUPLICATE*
(See other instructions
on reverse side)

050401

56 64 01

16

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

21. PLUG. BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORDED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
4 1/2"	9	155			

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

P/A CEMENT BOTTOM TO TOP

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
N/A							P/A 9-6-	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
			→					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
		→						

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

DATE

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on an type of lands and leases to either a recording agency or a local Federal or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal land office. See instructions on items 99 and 94 and 93 below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, air types electric, etc.), formations, and other pertinent data should be attached hereto to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Items 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 83. Submit a separate report (page) on this form, adequately identified, showing the additional data pertinent to such interval.

for each additional interval to be separately produced, showing the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 23 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				GOODRIDGE	155'		

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Wesgra Corp
3. ADDRESS OF OPERATOR
P.O. Box 310-367, Mexican Hat, Utah
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
930' from the south line
AT SURFACE: 753' from the east line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) re-entry ☐ ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was drilled to the Goodridge zone and plugged request permission to re-enter and take on down to the little loop zone around 750 ft.

permission was granted in 1986 to re-drill well to the Goodridge zone, however well was plugged at the time as a dry hole
the API # for the re-entry was 43-037-31246
Well was first drilled as the Gebauer-Skeen in 1983 however the BLM turned the lease over to the Goodridge owners in 1986.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE President DATE 3-15-93

(This space for Federal or State office use)
APPROVED BY W E Skeen TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

5. LEASE
Fee land
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Goodridge Estate
WELL NO.
21-A
9. FIELD OR WILDCAT NAME
Mexican Hat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 7, 42S, 19E
12. COUNTY OR PARISH
San Juan
13. STATE
Utah
14. API NO.
old API 43-037-30884
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4082'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

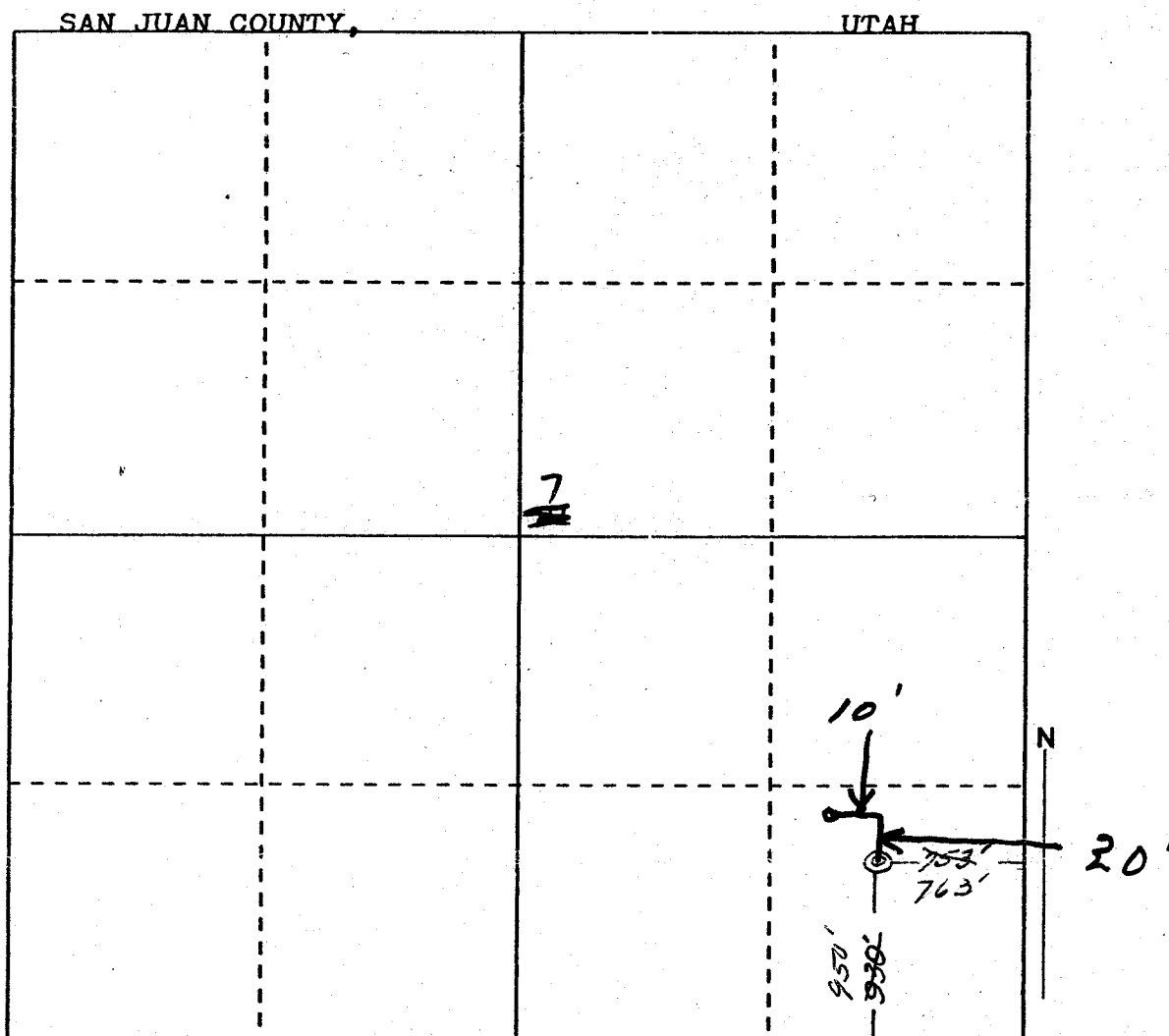
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SEAL:

James P. Leese
Registered Land Surveyor.
James P. Leese
Utah Reg. #1472

SURVEYED March 7, 19 83

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

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1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
Wesgra Corp

3. ADDRESS OF OPERATOR
84531
P.O. Box 310-367, Mexican Hat, Utah

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
930' from the south line
AT SURFACE: 763' from the east line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) re-entry

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

Fee land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Goodridge Estate

9. WELL NO.

21-A

10. FIELD OR WILDCAT NAME

Mexican Hat

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Sec 7, 42S, 19E

12. COUNTY OR PARISH

San Juan

13. STATE

Utah

14. API NO.

old API 43-037-30884

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Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE President DATE 3-15-93

(This space for Federal or State office use)

APPROVED BY M.E. Skeen TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: